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X Applicant coloring small entity status. See 37 CFR 1.27 Art Unit 3679 TOTAL AMOUNT OF PAYMENT (3) 620.00 Attorney Docket No. HO-P02877US0	For FY 2005									lark S. Gasaway		
TOTAL AMOUNT OF PAYMENT (\$) 620.00 Altomey Docket No. HO-P02877USO	r						D. J. Mills					
METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify):	L	x Applicant claims small entity status. See 37 CFR 1.27					731 0101					
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number 08-2375 Deposit Account Name: Fulbright & Jaworski L.L.P. For the above-identified deposit account, the Director is hereby authorized for (check all that apply)	L	TOTAL AMOUNT OF PA	YMENT	(\$) 620.00)	Attorney	Docket	No.	HO-P02877U	JS0		
Deposit Account Deposit Account Number 08-2375 Deposit Account Name Full bright & Jaworski L.L.P.	Γ	METHOD OF PAYMEN	IT (check all t	hat apply)								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee fee(s) indicated below, and the filing fee fee(s) indicated below, and the filing fee fee(s) indicated below, and the filing fee fee(s) indicated below, except for fee fee(s) indicated below, except for the filing fee fee(s) indicated below. Except fee(s) indicated below. Except fee(s) indicated below. Except fee(s) indicated below. Except fee(s) indicated below. E	Γ	Check Credit	Card N	Ioney Order	Not	ie	Other	(please ide	ntify):			
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Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 It is fee(s) under 37 CFR 1.16 and 1.17 It is fee(s) under 37 CFR 1.16 and 1.17 It is specification Type	1											
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Provisional 200 100 0 0 0 0 0 . 2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims 23 - 29 =	ı	Plant	200	100	300	1	50	160	80			
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total ctaims poid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) And PLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Shoots Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 2252 Extension for response within second month 225.00 2801 Request for Continued Examination 395.00	ı	Reissue	300	150	500	2	50	600	300			
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SUBMITTED BY		Other (e.g., late filing s	urcharge): 22 28	01 Request	for Con	inued E	xamine	ation	U/M:1			
	늗	URMITTED BY		-								

Registration No. (Attorney/Agent) 40,612 (713) 651-8231 Name (Print/Type) David L. Fox Date October 19, 2008

Telephone

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Matter # 10312703

DATE:

October 19, 2006

PTO IDENTIFIER:

10/790,532-Conf. #5168 Application Number

Patent Number

Inventor: Mark S. Gasaway et al.

MESSAGE TO:

US Patent and Trademark Office

FAX NUMBER:

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FROM:

FULBRIGHT & JAWORSKI L.L.P.

David L. Fox (09998)

PHONE:

(713) 651-8231

Attorney Dkt. #:

HO-P02877US0

PAGES (Including Cover Sheet):

21

CONTENTS:

Response and Amendment After Office Action (15 pages)

Amendment Transmittal (1 page)

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Request for Continued Examination (1 page)

Two month Request for Extension of Time Under 37 CFR 1.136(a) (2 pages)

Fee Transmittal (1 page)

Certificate of Transmission (1 page)

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DØ5

Application No.: 10/790,532

Docket No.: HO-P02877US0

The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 06-2375, under Order No. HO-P02877USO.

Dated: October 19, 2006

Respectfully submitted,

David L. Fox

Registration No.: 40,612

FULBRIGHT & JAWORSKI L.L.P.

Fulbright Tower

1301 McKinney, Suite 5100 Houston, Texas 77010-3095

(713) 651-5151 (713) 651-5246 (Fax) Attorney for Applicant

OCT 19 2006

AME		Docket No. HO-P02877US0								
Application No. Filing Date Examiner 10/790,532-Conf. #5168 March 1, 2004 D. J. Mills										
Applicant(s): Mar	k S. Gasaway	et al.				3679				
Invention: NON-SWING FARM GATE										
TO THE COMMISSIONER FOR PATENTS Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. CLAIMS AS AMENDED										
	Claims Remaining After	Highest Number Previously	Number. Extra Claims							
Total Claims	Amendment 23	- 29 =	Present 0	Rate x 25.	00	0.00				
Independent Claims	3	- 3 =	0	x 100.		0.00				
Multiple Depend	lent Claims (ch	eck if applicat	ole)							
Other fee (please specify): Extension for response within second month; Request for continued examination (RCE) (see 37 CFR 1.114)										
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 620.00										
Large Entity No additional fee is required for this amendment. X Small Entity Deposit Account No. 06-2375 in the amount of \$ 620.00										
	opy of this she									
_	e amount of \$ credit card. Fo			the filing fee is	enclosed.					
Payment by credit card. Form PTO-2038 is attached. X The Director is hereby authorized to charge and credit Deposit Account No										
	y overpaymen									
==			processing for	es required und	der 37 CFF	R 1.16 and 1.17.				
Dated: October 19, 2006										
David L. Fox Attorney/Agent Reg. No.: 40,612										
FULBRIGHT & JAWORSKI L.L.P. Fulbright Tower 1301 McKinney, Suite 5100 Houston, Texas 77010-3095 (713) 651-8231										

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Application No. (if known): 10/790,532

Attorney Docket No.: HO-P02877US0

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October 19, 2008 Date

Ronnie Webb Typed or printed name of person signing Certificate (713) <u>651-5146</u> Registration Number, if applicable Telephone Number

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Request for Continued Examination (1 page) Two month Request for Extension of Time Under 37 CFR 1.136(a) (2

Fee Transmittal (1 page)